Benefit Coverage

Covered Benefit for lines of business including:
Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity.
Excluded from Coverage:
Extended Family Planning (EFP)

Approval is based on review of the medical necessity documentation.

Description

Private duty home care is defined as nursing care in the home that is more intensive or extensive than can be delivered in a standard home care nursing visit. Private duty home care, which may be provided by a registered nurse (RN) or by a licensed practical nurse (LPN), is utilized to deliver medically necessary care, not able to be performed in a standard home care visit. Coverage is provided on a "per hour" or "per block hours" basis, not on basis of unique or intermittent visits.

Coverage Determination

Prior authorization and periodic medical review is required.

This service is intended for members who have complex medical conditions or disabilities, which are being managed at home. Private Duty Home Care Services are used for the following purposes:

- To provide additional teaching & demonstration in the home,
- For evaluation and recommendations for care in the home, and
- To provide the family with nursing care to fulfill the member's medical care plan.

Upon receiving orders from a physician, the contracted Neighborhood Home Care Agency submits the *"Neighborhood Home Care Services Prior Authorization Request"* form, indicating required services for the specific member.

NOTE: Rhody Health Partners' members may be eligible for waiver services that can serve as an adjunct to needed home care services in the home.

NOTE: Home Health Aide Long Term Care may be considered as an alternative for children with complex medical conditions, to support the plan of care, when there are no skilled needs. Refer to *"Clinical Medical Policy Long Term Care – HHA Hours."*

Criteria
Coverage for Private Duty Hours is determined by review of the documentation provided by the requestor on Neighborhood's Home Care Services Prior Authorization Request Form. Neighborhood evaluates and assigns points based on severity of the condition(s) and hours required to complete the care for the following clinical categories:

- Respiratory/Cardiac Status
- Meds/IVs
- Elimination
- Skin Care
- Nutrition
- Neurological

Total point count is used to determine the number of hours that may be authorized in accordance with EOHHS and Neighborhood algorithmic tools.

Authorization Requirements

- A physician's order, verbal or written, must be obtained prior to submitting the request for authorization and/or initiating services.
- If a verbal order is received, the date, the orders, and the ordering provider must be documented in the member's record. The verbal order is effective on the first date the Home Health Agency renders service.
- The Home Health Agency must document that it has requested the written order from the Physician along with any follow-up attempts to procure the signed written copy of the orders.
- The requirement is that the hard copy will be received by the Home Health Agency before the end date of the certification period and/or no later than 60 days from the first date of service.
- If services are required to continue beyond the time period authorized on initial certification, a new request must be provided and authorized. In the event that continued services are provided without this additional and timely authorization, coverage determinations will be made in accordance with Neighborhood's Retrospective Authorization guidelines.
- If for any reason a home health care provider/agency cannot fulfill all of the hours authorized per request, the agency must immediately notify Neighborhood (within one business day) the exact number of hours that can be provided and how the agency will coordinate with other home health care providers to meet the member's needs
- All regulatory nursing assessments and re-assessments will be covered according to JCAHO and Medicaid Fee For Service requirements, which allow for a reassessment every sixty (60) days

Exclusions
Neighborhood does not cover respite care or relief care for all lines of business with the exception of Medicare-Medicaid Plan (MMP) Integrity.

Neighborhood Health Plan of RI-910 Douglas Pike, Smithfield, RI 02917. www.nhpri.org. Authorization Line-401-459-6060. Authorization Fax- 401-459-6023

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org.

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

Prior Authorization Forms

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060. Fax authorization forms to 401-459-6023.

For More information on Coding please reference the Authorization Quick Reference Guide

---

CMP Cross Reference:

References:

EOHHS Acuity Level Assessment Pediatric Private Duty Nursing Tool

Created:	3/01/08
Annual Review Month:	**May**
Review Dates:	3/17/08, 7/06/10, 6/26/12, 2/26/13, 3/01/13, 7/1/13, 11/18/14, 9/1/15, 10/18/16, 5/16/17, 5/14/18
Revision Dates:	7/07/09, 6/25/11, 3/01/13, 7/16/13, 6/30/16, 5/16/17, 5/14/18
CMC Review Dates:	7/14/10, 7/12/11, 7/10/12, 3/12/13, 7/16/13, 11/18/14, 9/1/15, 11/1/16, 5/23/17, 5/22/18
Medical Director Approval Dates:	4/12/07, 7/14/09, 7/13/10, 7/14/11, 3/26/13, 7/18/13, 12/29/14, 9/30/15, 11/14/16, 5/25/17, 6/12/18
Effective Dates:	9/30/15, 7/1/16, 11/21/16, 5/25/17, 6/12/18

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.